

A. General Requirements

According to HSS 107.02(3), Wis. Admin. Code, Wisconsin Medicaid requires prior authorization for certain services in order to:

- ♦ safeguard against unnecessary or inappropriate care and services;
- ♦ safeguard against excess payment;
- ♦ assess the quality and timeliness of services;
- ♦ determine if less expensive alternative care, services, or supplies are usable;
- ♦ promote the most effective and appropriate use of available services and facilities; and
- ♦ curtail misutilization practices of providers and recipients.

Providers need prior authorization for certain specified services *before* delivery, unless the service is an emergency. Payment is not made for services provided either before the grant date or after the expiration date indicated on the approved prior authorization request form. If the provider provides a service which requires prior authorization without first obtaining authorization, the *provider* is responsible for the cost of the service.

B. Services Requiring Prior Authorization

The following nursing home services require prior authorization:

1. Nursing home accommodation services billed at a level of care other than the authorized level of care recorded on the recipient eligibility file.
2. Specialized wheelchairs to meet the specialized needs of nursing home recipients.
3. The ventilator reimbursement rate for ventilator-dependent recipients who are being admitted to approved nursing homes and for whom nursing homes request the ventilator reimbursement rate.
4. Reimbursement for Medicaid AIDS rate, including private room accommodation for an AIDS resident when medically necessary.
5. Exceptional supplies for tracheostomy and ventilator dependent residents or residents receiving similar care meeting the criteria in Section II of the DME (Part N) provider handbook.
6. Head injury care at the negotiated Medicaid head injured rate.
7. Payment for a medically necessary private room.
8. Other Medicaid covered services requiring prior authorization regardless of place of residence, e.g. therapy visits beyond 35 visits per spell of illness and for conditions meeting the criteria in Section III of Wisconsin Medicaid therapies handbooks.
9. Certain Durable Medical Equipment (DME), including certain wheelchairs.

DME and Wheelchairs

DME and wheelchairs reasonably associated with a patient's personal living needs in normal and routine nursing home operations are to be provided to Medicaid recipients without charge to the patient, the patient's family, or other interested persons.

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**B. Services Requiring
Prior Authorization**
(continued)

Under certain conditions, DME and wheelchairs may be billed separately if prior authorized. The prior authorization request must document the need for the item according to the exception criteria described below. According to the Medicaid State Plan, separate payment for DME may be allowed with prior authorization by the Department of Health and Social Services (DHSS) if the DME is personalized or custom-made for a recipient resident *and* is used by the resident on an individual basis for hygienic or other reasons. Examples of such items include respiratory equipment and supplies, orthoses, prostheses (including hearing aids), orthopedic or corrective shoes, and pressure relief beds. Since some of these items may be billable separately without prior authorization, nursing homes should review the DME Index and DMS Index to identify which items are included in the rate, which can be billed separately, and which require prior authorization.

Special Adaptive Positioning or Electric Wheelchairs

The DHSS may permit separate payment for a special adaptive positioning or electric wheelchair, while a recipient resides in a nursing home, if the wheelchair is prescribed by a physician and the following criteria are met:

1. The wheelchair is personalized in nature and is custom-made for a patient *and* is used by the resident on an individual basis for hygienic or other reasons; and
2. The special adaptive positioning wheelchair or electric wheelchair is justified by the diagnosis and prognosis and the occupational or vocational activities of the recipient (i.e. educational, therapeutic involvement).

Exceptions for wheelchairs may be allowed for the recipient who is about to transfer from a nursing home to an alternate and more independent setting.

DME - General Information

Information regarding DME and wheelchairs is contained in HSS 107.24, Wis. Admin. Code, and in the DME (Part N) provider handbook and DME Index. The Index lists which DME items require prior authorization.

Providers are advised that prior authorization *does not* guarantee payment. Provider eligibility, recipient eligibility, and medical status on the date of service, as well as all other Medicaid requirements, must be met before the claim is paid.

Please refer to the DME (Part N) provider handbook, the DMS Index and the DME Index for DMS and DME covered services, identification of which items require prior authorization, prior authorization guidelines, and billing instructions for such items.

Medicaid-certified nursing facilities receive pertinent publications (updates, revisions, etc.) of the DME (Part N) provider handbook, including the DMS and DME indexes. If a nursing facility does not have the DME (Part N) provider handbook or the DMS or DME Index and wishes to obtain these publications, the facility should contact the fiscal agent.

**C. Procedures for
Obtaining Prior
Authorization**

Section VIII of Part A of the provider handbook identifies procedures for obtaining prior authorization including emergency situations, appeal procedures, supporting materials, retroactive authorization, recipient loss of eligibility midway in treatment, and prior authorization for out-of-state providers.

Examples of the appropriate prior authorization request forms along with completion and submittal instructions are in Appendices 5 through 10 of this handbook.

**C. Procedures for
Obtaining Prior
Authorization**
(continued)

Completed prior authorization request forms must be submitted to:

EDS
Attn: Prior Authorization Unit - Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Prior authorization request forms can be obtained by writing to:

EDS
Attn: Claim Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms. Do not request forms by telephone.